

women veterans and veterans with dependent children continues our mandate to care for those who fought so bravely for many freedoms which we, as a Nation, enjoy.

Madam Speaker, despite the headway this country has made in reducing the number of homeless veterans, we have much further to go in order to end homelessness among our Nation's heroes. I believe H.R. 1171, as amended, will go a long way towards this goal.

I urge my colleagues to support the bill.

Having no further requests at this time, I yield back the balance of my time.

GENERAL LEAVE

Mrs. HALVORSON. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1171, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Illinois?

There was no objection.

Mr. BUYER. Madam Speaker, I rise today in support of H.R. 1171, as amended, the Homeless Veterans Reintegration Program Reauthorization Act of 2009. Ranking Member JOHN BOOZMAN of the Subcommittee on Economic Opportunity introduced this bill to extend the Homeless Veteran Reintegration Program (HVRP) through fiscal year 2014, and I am proud to join him as an original cosponsor.

I would also like to thank Chairwoman HERSETH SANDLIN of the Subcommittee on Economic Opportunity and Chairman FILNER of the Full Committee on Veterans' Affairs for moving this important measure with our first group of authorizing bills.

Madam Speaker, I am also proud that H.R. 1171, as amended, also includes an amendment that I offered in the full committee markup. My amendment is similar to H.R. 293, The Homeless Women Veterans and Veterans with Children Act of 2009, or what I refer to as HVRP-W.

H.R. 293 was one of several bills I suggested that House Leadership include in the original stimulus package and is part of what I call the Noble Warrior Initiative which has received widespread support from the VSO community. My amendment adds the provisions of H.R. 293 to H.R. 1171, as amended, to create a new grant program that complements the current HVRP program with a focus on homeless women veterans and homeless veterans with children.

As amended, H.R. 1171 authorizes a separate appropriation of \$10 million to fund grants to community organizations that provide services to homeless women veterans and homeless veterans with children.

Today, VA estimates there are about 154,000 veterans counted among the homeless. With women comprising a larger percentage of our military, in addition to sexual trauma, women are increasingly exposed to the same stressors and dangers as the men and we are now seeing more women in need of homeless services including the training and employment services offered through HVRP.

Therefore, I believe we need to add the focus of the HVRP-W to make sure that job skill services are being provided to homeless

women veterans and veterans with children. These two groups have separate and unique needs and wants from those of what we think of as the traditional homeless veteran population.

Here are a few facts from VA regarding homeless women veterans and homeless veterans with children:

VA's March 2007 Northeast Program Evaluation Center (NEPEC) contacted 38,667 homeless veterans. About 4 percent were women.

In 2008 VA and communities held 157 Stand Downs and aided 2,347 homeless women veterans and 1,327 children.

Last year VA's community based Homeless Grant and Per Diem program served 19,345 veterans including 1,277 women veterans.

VA's Domiciliary Care for Homeless Veterans treated 5,905 veterans including 242 female veterans.

The HUD-VASH housing voucher program for homeless veterans referred 8,000 veterans of whom 880 were women. 1040 veterans (male and female) housed through HUD-VASH had dependent children.

Madam Speaker as you may know, despite the headway in reducing the number of homeless veterans, there is still much more work ahead of us to end homelessness among our nation's heroes. I believe H.R. 1171, as amended, will go a long way towards this goal and I urge my colleagues to support the bill.

Mrs. HALVORSON. Madam Speaker, I urge my colleagues to unanimously support H.R. 1171, as amended.

I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Mrs. HALVORSON) that the House suspend the rules and pass the bill, H.R. 1171, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A bill to amend title 38, United States Code, to reauthorize the Homeless Veterans Reintegration Program for fiscal years 2010 through 2014, and for other purposes."

A motion to reconsider was laid on the table.

EXPANDING VETERAN ELIGIBILITY FOR REIMBURSEMENT IN NON-VA FACILITIES

Mrs. HALVORSON. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1377) to amend title 38, United States Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1377

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXPANSION OF VETERAN ELIGIBILITY FOR REIMBURSEMENT BY SECRETARY OF VETERANS AFFAIRS FOR EMERGENCY TREATMENT FURNISHED IN A NON-DEPARTMENT FACILITY.

(a) EXPANSION OF ELIGIBILITY.—Section 1725 of title 38, United States Code, is amended—

(1) in subsection (b)(3)(C), by striking "or in part"; and

(2) in subsection (f)(2), by striking subparagraph (E).

(b) LIMITATIONS ON REIMBURSEMENT.—Subsection (c) of such section is amended by adding at the end the following new paragraph:

"(4)(A) If the veteran has contractual or legal recourse against a third party that would only, in part, extinguish the veteran's liability to the provider of the emergency treatment, and payment for the treatment may be made both under subsection (a) and by the third party, the amount payable for such treatment under such subsection shall be the amount by which the costs for the emergency treatment exceed the amount payable or paid by the third party, except that the amount payable may not exceed the maximum amount payable established under paragraph (1)(A).

"(B) In any case in which a third party is financially responsible for part of the veteran's emergency treatment expenses, the Secretary shall be the secondary payer.

"(C) A payment in the amount payable under subparagraph (A) shall be considered payment in full and shall extinguish the veteran's liability to the provider.

"(D) The Secretary may not reimburse a veteran under this section for any copayment or similar payment that the veteran owes the third party or for which the veteran is responsible under a health-plan contract."

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by subsections (a) and (b) shall take effect on the date of the enactment of this Act, and shall apply with respect to emergency treatment furnished on or after the date of the enactment of this Act.

(2) REIMBURSEMENT FOR TREATMENT PROVIDED BEFORE EFFECTIVE DATE.—The Secretary may provide reimbursement under section 1725 of title 38, United States Code, as amended by subsections (a) and (b), for emergency treatment furnished to a veteran before the date of the enactment of this Act, if the Secretary determines that, under the circumstances applicable with respect to the veteran, it is appropriate to do so.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Mrs. HALVORSON) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

Mrs. HALVORSON. Madam Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 1377, as amended, which would expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a nondepartment facility. This legislation would assist veterans who get hurt while they are off duty and require emergency care in a non-VA medical facility.

These veterans do not currently receive any reimbursement from the VA if they have third-party insurance that pays either full or a portion of the emergency care. This creates an inequity that penalizes veterans with insurance, including auto insurance, which is oftentimes mandated by law.

A veteran with an insurance policy which covers any portion of the cost for emergency treatment would be burdened with the remaining amount not covered by insurance. This unfair policy has caused many veterans undue stress and has placed them in unnecessary financial hardship. H.R. 1377, as amended, eliminates this inequity by requiring the VA to pay for emergency care in a non-VA facility, even if the veteran holds a policy that will pay for any portion of their care.

Madam Speaker, I would like to thank Ranking Member BUYER and the Health Subcommittee chairman, Mr. MICHAUD, for their contributions to this bill as well as the staff.

I urge your support in passing H.R. 1377, as amended.

Madam Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 1377, as amended, to amend title 38, United States Code, to expand VA's authority to reimburse veterans for the cost of emergency care provided in a non-department facility. I want to thank the chairman for introducing this bill, which would provide financial protections for veterans in need of emergency care.

Current law allows VA to reimburse a veteran for emergency treatment obtained in a non-VA facility only if the veteran does not have any other entitlement to pay from a private party. As a result, a veteran with a policy that covers only a small part of the emergency care costs could be personally liable for substantial out-of-pocket expenses.

H.R. 1377, as amended, would change current law to authorize VA to cover additional expenses in cases where a veteran receives only partial payment from a third party. However, the legislation does make it clear that VA would be the secondary payer and that payment would be limited to the difference between the amount paid by the private insurance and the VA authorized rate. It also ensures that VA payment fully absolves a veteran from any liability to that provider.

In addition to providing prospective protection for veterans, H.R. 1377 was amended to allow the Secretary of Veterans Affairs to retroactively apply this law on a discretionary basis for a veteran who may have incurred a medical debt for emergency treatment prior to the date of enactment.

Madam Speaker, the chairman has talked about the need for this discretionary authority. As such, Ranking Member BUYER requested during our markup last week that the bill report make it clear that it is the committee's intention for the Secretary to use this authority and take into consideration the facts and circumstances of each veteran's situation. A veteran should not be discouraged from seeking emergency care at the closest commu-

nity hospital for fear of financial uncertainty.

I urge my colleagues to support this bill.

I reserve the balance of my time.

Mrs. HALVORSON. I continue to reserve the balance of my time.

Mr. ROE of Tennessee. I yield 2 minutes to the gentlewoman from Florida, Congresswoman BROWN-WAITE.

Mrs. GINNY BROWN-WAITE of Florida. Madam Speaker, I thank the gentleman for yielding.

I rise today in support of H.R. 1377, a commonsense bill to reimburse veterans for emergency treatment in non-VA facilities. Our first Commander in Chief, George Washington, once said that the willingness with which our young people are likely to serve in any war, no matter how justified, will be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their country. Taking care of those who have sacrificed for our Nation is truly our sacred duty. It is a national promise that goes back to Presidents Washington and Lincoln. Yet a couple of weeks ago, President Obama proposed billing veterans for treatment of combat-related injuries. Although the President announced that he was rescinding this proposal, it is nonetheless alarming to our veteran population.

The courageous Americans who have served our country should know that all of us recognize their sacrifice, and this bill by Representative FILNER will go a long way in doing just that.

Back in Florida, I represent over 110,000 veterans, the second highest number of any Member of Congress. Many of these brave men and women are disabled either in battle or in the course of their service to the United States military. Yet, veterans in my district must frequently travel long distances to obtain care from a VA facility. As a result, those requiring emergency care must seek treatment in a private or a community-run hospital. Passage of this bill will ensure that veterans are not saddled with massive emergency room bills.

I thank my colleague, Mr. FILNER, for introducing H.R. 1377. And I would hope that all Members of this body can support such a worthy message of support for our veterans.

Mrs. HALVORSON. I continue to reserve the balance of my time, Madam Speaker.

Mr. ROE of Tennessee. Madam Speaker, I yield myself 1 minute.

Madam Speaker, I would like to thank the Subcommittee on Health chairman, MIKE MICHAUD, and Ranking Member HENRY BROWN for their hard work on this legislation and Chairman FILNER and Ranking Member BUYER for moving this bill so quickly through the committee process.

I urge my colleagues to support this legislation.

I yield back the balance of my time.

GENERAL LEAVE

Mrs. HALVORSON. Madam Speaker, I ask unanimous consent that all Mem-

bers may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1377, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mrs. HALVORSON. Madam Speaker, I also want to thank Chairman FILNER and Ranking Member BUYER for working so hard together to make sure that these wonderful Veterans Affairs issues come before the body. No matter what rumor has ever come up that might come from the administration, the Veterans Committee has always made sure that the veterans are first and foremost in all of our minds.

I urge my colleagues to unanimously support H.R. 1377, as amended.

Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Mrs. HALVORSON) that the House suspend the rules and pass the bill, H.R. 1377, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1430

VETERANS' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 2009

Mrs. HALVORSON. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1513) to increase, effective as of December 1, 2009, the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1513

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as "Veterans' Compensation Cost-of-Living Adjustment Act of 2009".

SEC. 2. INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) RATE ADJUSTMENT.—Effective on December 1, 2009, the Secretary of Veterans Affairs shall increase, in accordance with subsection (c), the dollar amounts in effect on November 30, 2009, for the payment of disability compensation and dependency and indemnity compensation under the provisions specified in subsection (b).

(b) AMOUNTS TO BE INCREASED.—The dollar amounts to be increased pursuant to subsection (a) are the following:

(1) WARTIME DISABILITY COMPENSATION.—Each of the dollar amounts under section 1114 of title 38, United States Code.